VDH TB RISK ASSESSMENT

FOR BILLING ONLY: ☐ TB SUSPECT ☐ TB CASE ☐ HIGH RISK CONTACT ☐ MDR-TB FOLLOW-UP

☐ TB CLASSIFIED ALIEN (PROVIDE A# _____) ☐ HIV/TB COINFECTED ☐ OTHER, explain: _____

DATE **LHD** **PHN name** **PHN phone #**

Patient Name (l, f) _____ DOB ____/____/____ Sex ____ Race ____

Patient Address _____ Patient Phone # _____ SS # OR Alien # _____

Birth Country _____ Year Arrived in US _____ Hx of Prior BCG? ☐ No ☐ Yes Year _____

Allergies _____ Pregnant? ☐ No ☐ Yes EDD ____/____/____ or LMP ____/____/____

Prior Mantoux Tuberculin Skin Test Result: ☐ No ☐ Yes Date ____/____/____ Results in Induration _____ mm

TB-Like Symptoms: ☐ None
☐ Fever ☐ Fatigue ☐ Wt. Loss
☐ Chills ☐ Nights Sweats ☐ Hemoptysis
☐ Anorexia ☐ Cough, Productive? ☐ No ☐ Yes

HIV Status: ☐ Pending Test Date ____/____/____
☐ Positive ☐ Indeterminate ☐ Declined Testing
☐ Negative ☐ Denies Risk(s)

IF HIV (+), IS PATIENT ON PROTEASE INHIBITORS?
☐ No ☐ Yes If yes, list _____

Previous TB Tx: ☐ No ☐ Yes for ☐ Infection ☐ Disease Year? _____ Where? _____
Medications/Duration _____ Past Resistance? ☐ No ☐ Yes To: _____
Past Adverse Reactions to Anti-TB Medications? ☐ No ☐ Yes If yes, list meds _____

Risk for TB Infection (check all that apply)
☐ Close Contact (current) ☐ HIV Infected ☐ Resident/ Employee in Congregate Living
☐ Injection Drug User ☐ Lived in High Prevalence Country ☐ Medically Under-served
☐ Homelessness ☐ Health Care Worker ☐ Locally Identified Risk Population

Risk for TB Disease (check all that apply)
☐ TB-Like Symptoms ☐ Children (age 0-4) exposed to High Risk Adult(s) ☐ Diabetes Mellitus
☐ Silicosis ☐ Malignancy ☐ End Stage Renal Disease (ESRD)
☐ Immunosuppressive Therapy ☐ Gastrectomy ☐ >10% Below Standard Weight for Height

TUBERCULIN SKIN TESTING IS DISCOURAGED IN LOW RISK POPULATIONS DUE TO HIGH RATES OF FALSE POSITIVE RESULTS

PPD Result #1
Date Given ____/____/____
Date Read ____/____/____
Induration _____ mm

PPD Result # 2
Date Given ____/____/____
Date Read ____/____/____
Induration _____ mm

Chest X-Ray Date: ____/____/____
☐ **INITIAL FILM** ☐ **UPDATE FILM**
Patient Height _____
Patient Weight _____
Patient History of Liver Disease? ☐ No ☐ Yes

IF CLOSE CONTACT TO A PULMONARY TB, PROVIDE NATURE OF EXPOSURE _____
Provide Index Case Name _____ and Smear Status: ☐ Positive ☐ Negative ☐ Unknown

TB Chemotherapy: ☐ **None** ☐ **Directly-Observed** ☐ **Self-Administered**

	Dose/Frequency	Start	Stop
INH	_____	____/____/____	____/____/____
RIF	_____	____/____/____	____/____/____
PZA	_____	____/____/____	____/____/____
EMB	_____	____/____/____	____/____/____

Drug	Dose/Frequency	Start	Stop
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____

Drug Susceptibility Testing (M. tb isolates only) **Specimen Collection Date:** ____/____/____

	Sensitive	Resistant		Sensitive	Resistant		Sensitive	Resistant
Isoniazid	☐	☐	Ethambutol	☐	☐	Ofloxacin	☐	☐
Rifampin	☐	☐	Streptomycin	☐	☐	Rifabutin	☐	☐
Pyrazinamide	☐	☐	Ethionamide	☐	☐	Capreomycin	☐	☐

Bacteriology: Check If No (+) Culture ☐ Collection Date of Last (+) M. tb Culture ____/____/____ Specimen Source _____

Collection Date of Latest Smear ____/____/____ Result: ☐ Positive ☐ Negative ☐ Pending Source _____
Collection Date of Latest Culture ____/____/____ Result: ☐ Positive ☐ Negative ☐ Pending Source _____